

UNITED STATES DISTRICT COURT

for the

Eastern District of Michigan

Southern Division

Case No.

Case: 2:21-cv-12413

Judge: Hood, Denise Page
MJ: Altman, Kimberly G.

Filed: 10-12-2021

CMP TAYLOR v. UNIVERSITY OF
MICHIGAN, MICHIGAN
MEDICINE (tt)

John Taylor

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-V-

University of Michigan, Michigan Medicine

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses here.)

Jury Trial: (check one) Yes No

COMPLAINT FOR VIOLATION OF CIVIL RIGHTS

(Non-Prisoner Complaint)

NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in forma pauperis.

I. The Parties to This Complaint

A. The Plaintiff(s)

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name	John Taylor		
Address	8492 Berkshire Drive		
	Ypsilanti	MI	48197
County	City	State	Zip Code
Telephone Number	Washtenaw		
E-Mail Address	734-660-0558		
	drawinglargercircles@hotmail.com		

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (*if known*) and check whether you are bringing this complaint against them in their individual capacity or official capacity, or both. Attach additional pages if needed.

Defendant No. 1

Name	University of MI - MI Medicine - c/o Tera Jastrzemowski		
Job or Title (<i>if known</i>)	Associate Director Patient Food Services		
Address	503 Thompson Street, 5010 Fleming Administration Building		
	Ann Arbor	MI	48109
County	City	State	Zip Code
Telephone Number	Washtenaw		
E-Mail Address (<i>if known</i>)	734-764-0304		

Individual capacity Official capacity

Defendant No. 2

Name	University of Michigan, Michigan Medicine - Ashleigh Isaacs		
Job or Title (<i>if known</i>)	Food Service Manager		
Address	300 N. Ingalls, NIB 8C19, Box 5407		
	Ann Arbor,	MI	48109
County	City	State	Zip Code
Telephone Number	Washtenaw		
	734-936-4090		

E-Mail Address (*if known*)

Individual capacity Official capacity

Defendant No. 3

Name

Jamie Thor

Job or Title (*if known*)

Supervisor

Address

300 N. Ingalls, NIB 8C19, Box 5407

Ann Arbor

MI

48109

City

State

Zip Code

County

Washtenaw

Telephone Number

734-936-4090

E-Mail Address (*if known*)

Individual capacity Official capacity

Defendant No. 4

Name

University of Michigan, Michigan Medicine - Diane Knibbs

Job or Title (*if known*)

Associate Director Patient Food Services

Address

503 Thompson Street, 5010 Fleming Administration Building

Ann Arbor

MI

48109

City

State

Zip Code

County

Washtenaw

Telephone Number

734-764-0304

E-Mail Address (*if known*)

Individual capacity Official capacity

II. Basis for Jurisdiction

Under 42 U.S.C. § 1983, you may sue state or local officials for the "deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws]." Under *Bivens v. Six Unknown Named Agents of Federal Bureau of Narcotics*, 403 U.S. 388 (1971), you may sue federal officials for the violation of certain constitutional rights.

A. Are you bringing suit against (*check all that apply*):

Federal officials (a *Bivens* claim)

State or local officials (a § 1983 claim)

B. Section 1983 allows claims alleging the "deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws]." 42 U.S.C. § 1983. If you are suing under section 1983, what federal constitutional or statutory right(s) do you claim is/are being violated by state or local officials?

Title 7 of the Civil Rights Act of 1964, Amended 1991

- C. Plaintiffs suing under *Bivens* may only recover for the violation of certain constitutional rights. If you are suing under *Bivens*, what constitutional right(s) do you claim is/are being violated by federal officials?
-
- D. Section 1983 allows defendants to be found liable only when they have acted "under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia." 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under *Bivens*, explain how each defendant acted under color of federal law. Attach additional pages if needed.
-

III. Statement of Claim

State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

- A. Where did the events giving rise to your claim(s) occur?
C.S. Mott's Children's Hospital, Michigan Medicine, Patient Food and Nutrition Services Department
-
- B. What date and approximate time did the events giving rise to your claim(s) occur?
Approximately February/March 2019 thru separation, daily, throughout entire shift
-
- C. What are the facts underlying your claim(s)? (*For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?*)

Feb/March 2019 - reported incident of sexual harassment, nothing done, subsequently written up for taking lunch at wrong time; March-July, 2019 - treated differently than co-workers, harassed by Supervisor, Jamie Thor, verbally, mentally abused, assigned tasks not required of others, called names, referred to as "boy" and "n" word, picture of monkey posted on work schedule with my name next to with statement: "silent John", seen/viewed by all in department, reported incidences numerous times to several individuals (Ashleigh Isaacs, Diane Knibbs, AFSCME Union, Michelle Collier, HR, ombudsman, others) sought counseling to deal with stress, written up several times for absences, nothing done, finally quit believing I had no other options

IV. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

Sought/obtained counseling/treatment for harassment, discrimination

V. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

One (1) \$ million dollars - compensation for pain and suffering
Removal and complete expunement of all discipline from personnel file
Positive employment reference if contacted for employment
Anti-harassment/sensitivity training for Ashleigh Isaacs, Entire Food Service Management & Supervisors

VI. Certification and Closing

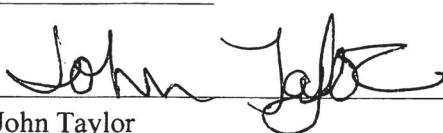
Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: October 12, 2021

Signature of Plaintiff



Printed Name of Plaintiff

John Taylor

B. For Attorneys

Date of signing: _____

Signature of Attorney



Printed Name of Attorney



Bar Number



Pro Se 15 (Rev. 12/16) Complaint for Violation of Civil Rights (Non-Prisoner)

Name of Law Firm	<hr/>		
Address	<hr/>		
	<i>City</i>	<i>State</i>	<i>Zip Code</i>
Telephone Number	<hr/>		
E-mail Address	<hr/>		

Taylor 1

CHARGE OF DISCRIMINATION		COMPLAINT/CHARGE NUMBER
<i>This form is affected by the Privacy Act of 1974; see Privacy Act Statement on reverse before completing this form.</i>		MDCR # 497927 EEOC # 23A-2019-01067C
MICHIGAN DEPARTMENT OF CIVIL RIGHTS and THE U.S. EQUAL OPPORTUNITY COMMISSION		
NAME (Indicate Mr., Ms., Mrs.) Mr. John Taylor	HOME TELEPHONE NO. (Include Area Code) (734) 660-0558	
STREET ADDRESS, CITY, STATE AND ZIPCODE 8492 Berkshire Drive, Ypsilanti, MI 48197		
Named is the employer, labor organization, employment agency, apprenticeship committee, state or local government agency who discriminated against me.		
NAME Michigan Medicine	# EMPL/MEMBERS 20	TELEPHONE NO. (Include Area Code) (734) 764-0304
STREET ADDRESS, CITY, STATE AND ZIPCODE 503 Thompson Street, 5010 Fleming Administration Bldg., Ann Arbor, MI 48109		
CAUSE OF DISCRIMINATION BASED ON Race	DATE OF MOST RECENT OR CONTINUING DISCRIMINATION July 24, 2019	
I am African American and believe I was subjected to harassment and forced to resign on July 24, 2019, due to my race.		
I was hired by the respondent on November 18, 2018, and last worked as a food service worker at 1540 E Hospital Drive in Ann Arbor, Michigan.		
Discharge - constructive	07/24/2019	Race
On July 24, 2019, I was forced to resign from my position due to the hostile work environment.		
Harassment/Not Sexual	07/24/2019	Race
Most recently on July 24, 2019, I was subjected to harassment by the respondent's Caucasian representative. The respondent's Caucasian representative spoke to me in a demeaning manner and placed a derogatory image next to my name on an assignment board and often referred to me as a racially derogatory term. This created a hostile environment. I complaint to the respondent's Caucasian management but nothing was done. I believe my race was a factor in the harassment.		
This complaint is based on the following law: Elliott-Larsen Civil Rights Act No 453, Public Act of 1976, as amended Title VII, US Civil Rights Act of 1964, as amended		
 I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief. I declare under penalty of perjury that the foregoing is true and correct. I also want this charge filed with the EEOC. I will advise the agencies if I change my address or telephone number, and I will cooperate fully with them in the processing of my charge in accordance with their procedures.		
NOTARY (When necessary to meet State and Local Requirements) <small>SUBSCRIBED AND SWORN BEFORE ME THIS DATE (Day, month and year)</small> MALCOLM LYNCH NOTARY PUBLIC, STATE OF MI COUNTY OF WASHINGTON MY COMMISSION EXPIRES Jan 2, 2023 ACTING IN COUNTY OF Washtenaw County Commissioned in Washtenaw Acting in Washtenaw Commission expires January 2, 2023		
Date 9-16-19	Signature of Charging Party / Claimant	

U.S. EQUAL OPPORTUNITY COMMISSION

DISMISSAL AND NOTICE OF RIGHTS

To: John Taylor
8492 Berkshire Drive
Ypsilanti, MI 48197

From: Detroit Field Office
477 Michigan Avenue
Room 865
Detroit, MI 48226



*On behalf of person(s) aggrieved whose identity is
CONFIDENTIAL (29 CFR §1601.7(a))*

EEOC Charge No.

EEOC Representative

Telephone No.

23A-2019-01067

**Antoinette Coburn,
State/Local Coordinator**

(313) 226-4637

THE EEOC IS CLOSING ITS FILE ON THIS CHARGE FOR THE FOLLOWING REASON:

- The facts alleged in the charge fail to state a claim under any of the statutes enforced by the EEOC.
- Your allegations did not involve a disability as defined by the Americans With Disabilities Act.
- The Respondent employs less than the required number of employees or is not otherwise covered by the statutes.
- Your charge was not timely filed with EEOC; in other words, you waited too long after the date(s) of the alleged discrimination to file your charge
- The EEOC issues the following determination: The EEOC will not proceed further with its investigation, and makes no determination about whether further investigation would establish violations of the statute. This does not mean the claims have no merit. This determination does not certify that the respondent is in compliance with the statutes. The EEOC makes no finding as to the merits of any other issues that might be construed as having been raised by this charge.
- The EEOC has adopted the findings of the state or local fair employment practices agency that investigated this charge.
- Other (briefly state)

- NOTICE OF SUIT RIGHTS -

(See the additional information attached to this form.)

Title VII, the Americans with Disabilities Act, the Genetic Information Nondiscrimination Act, or the Age Discrimination in Employment Act: This will be the only notice of dismissal and of your right to sue that we will send you. You may file a lawsuit against the respondent(s) under federal law based on this charge in federal or state court. Your lawsuit **must be filed WITHIN 90 DAYS of your receipt of this notice;** or your right to sue based on this charge will be lost. (The time limit for filing suit based on a claim under state law may be different.)

Equal Pay Act (EPA): EPA suits must be filed in federal or state court within 2 years (3 years for willful violations) of the alleged EPA underpayment. This means that **backpay due for any violations that occurred more than 2 years (3 years) before you file suit may not be collectible.**

On behalf of the Commission

Michelle Eisele

JUL 26 2021

Enclosures(s)

Michelle Eisele,
District Director

(Date Issued)

cc: MICHIGAN MEDICINE U OF M

c/o Tera Jastrzemowski
503 Thompson St. – 5010 Fleming Admin. Bldg.
Ann Arbor, MI 48109

John Taylors Statement Regarding the Racial Discrimination and Constructive Discharge at UM Hospital

Written 06/10/2021

OCTOBER 2018

I began working on UM Main Campus as a Kitchen Cleaner in April of 2018. I was hired by UM Mott Children's Hospital for a Food Service Worker position October of 2018.

The way the Mott's Food Service office operates is that different workers are given different supervisors. Ashleigh was my primary supervisor.

FEBRUARY/MARCH 2019

In late February I spoke to Ashleigh about Jamie Thor's strange behavior. I also spoke to the morning supervisor Dave. Jamie seemed to be slurring his words, acting like he was having medical problems, and disappearing for periods of time in the evening.

As time went on, he would lock himself in the office and would not want to be spoken to or bothered. Jamie putting one of my co-workers in charge of the other workers. Michele is another supervisor. I spoke to Ashleigh and Michele because the co-worker Jamie had designated was sexually harassing me. When we were washing down the food carts. The girl would ask me if she could use my long, big, black hose to spray down the food cart. I also brought this to Jamie's attention. He wrote me up for taking lunch at the wrong time.

MARCH-JUNE 2019

It was after I reported the sexual harassment that Jamie's abuse escalated. He started addressing me as boy, giving me direct orders to do tasks that were out of my job description, giving me direct orders to get on my hands and knees to scrub his baseboards. I used to talk sports with other coworkers. He told me he did not want to hear my voice. It was then he told me, "boy look at this" and directed me to the image of the monkey on the main monitor in front of all my coworkers. From that point on, every shift I worked, for the entire shift, he made sure to put the monkey up and to call me out of my name. I was a nigger every day for my entire eight-hour shift for months. I contacted Ashleigh. She asked Jamie about the incidents. He denied them. She came to me. Told me that she had asked him, and that there was nothing that she could do. I contacted Diane's secretary, when I saw her come into the kitchen. She told me she was busy, and she was not there for that. I reported the incident to my union steward, and nothing was done. I called every HR department in the University of Michigan. I called the union president at least 20 times. Nothing ever was done. I got tired of being a nigger every day. So, I sought out counseling and started using all my available PTO time to take time off work. It got so bad, that I didn't feel that I could come to work and perform in the hostile environment without doing or saying something that would get me in trouble, so I walked away from my job.

In addition, Jamie gave me a direct order to not have any electronic devices in the kitchen. This is why I wasn't able to obtain a picture. It wasn't until he was out of it, that he made the mistake, and I was able to get a printed copy of the monkey that was next to my name on the main monitor. I turned it into Ashleigh, and she told me nothing could be done. No one ever wrote any report of any of the times that I complained about Jamie. For months on end, I had to come to work and be a good nigger for eight hours a day or more without complaint. And he reminded me each day that I was his boy. Verbally, and by keeping the image up on the main monitor. Jamie would make statements like, have you ever been to Howell, there is none of you in Howell. Each time I tried to report an incident to Ashleigh, she would ask me did I complete my job tasks. Then she would close the door and tell me she would look into it. Or ask me, am I sure. Ask me if I was making these things up.

C&W Room Service PM Shift May 8, 2019

AM Traypasser	Schedule	Name	AM Break	Lunch	PM Break	Pick up
AM Ambassador 13 (RSA13)	7:30 am – 4 pm	John	9:30 am – 9:45 am	12 – 12:30	2:15 – 2:30 p	--
AM Ambassador 4 (RSA4)	8 am – 4:30 pm	Roehl	9:45 am – 10 am	1 – 1:30 p	2:30 – 2:45 p	--
AM Ambassador 5 (RSA5)	9 am – 5:30 pm	Kendall	11 am – 11:15 am	12:30 – 1 p	2:45 – 3 p	--
Tray Pick up						
RSA12	7:30 am – 4 pm	Alex H.	8:45 am – 9 am	11:15 – 11:45 a	2 – 2:15 p	Pick up from 12p – 4p 7, 8, and 9
RSA6	12 pm – 8:30 pm	Darnell	1:45 pm – 2 pm	4 – 4:30 p	7:30 – 7:45 p	10, 11, and 12
RSA8	4 pm – 9:30 pm	Mehwish	Tray pick up 7, 8 and 9, Until 7pm	--	--	Delivery 7, 8:15p Pick up 8 and 10
PM Traypasser						
RSA14	2:30 pm – 10 pm	MIA	--	6 – 6:30 p	8:30 – 8:45 p	EXTRA
RSA7	3:30 pm – 8:30 pm	Adel	--	--	5:30 – 45 p	N/A
RSA9	3:30 pm – 10 pm	Rebecca	--	5:30 – 6 p	8:30 – 8:45 p	9
RSA10	5 pm – 10 pm	Sam	--	--	6:30 – 6:45 p	7
RSA11	5:30 am – 10 pm	Silent John	12	--	8:30 – 8:45 p	12

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C&W Room Service PM Shift May 8, 2019

Call Center	Schedule	Name	Break	Lunch	PM Break	Coverage
(CC5)	1 pm - 8 pm	Yasim	2 pm - 2:15p	4 - 4:30 p	6 - 6:15 p	CC4
(CC4)	1 pm - 8 pm	Joice	--	--	5:30 - 5:45 p	CC3
(CC6)	1:30 pm - 8:30 pm	Clarissa	--	--	6:30 - 6:45 p	CC3/CC4
Kitchen	Schedule	Name	Break	Lunch	PM Break	Coverage
CA (CF2)	12:30 pm - 9 pm	Jared	2:30 p - 2:45p	4:30 - 5 p	6 - 6:15 p	LC2
Cook II (LC2)	1:30 pm - 9 pm	Riley	2:45 pm - 3 pm	5 - 5:30 p	6:15 - 6:30 p*	CA2
Prep (PC2)	1 pm - 9 pm	Andre	3:15 p - 3:30 pm	4:30 - 5 p	--	--

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KC Position	Schedule	Name	Lunch	Coverage	PM Break	Pick up
(KC2)	4 pm - 10 pm	Carol	5:30 - 6 p	--	7:45 p - 8 p	
RSU Dish	Schedule	Name	Lunch	Coverage	PM Break	
(RSU3)	3 pm - 10 pm	Shamyya	5:30 - 6 p	--	8 - 8:15 p	Deliver Box by 8p
(RSU4)	3:30 pm - 10 pm	Ronda	5:30 - 6 p	--	8 - 8:15 p	8CAPH by 7p
RSE Expo	Schedule	Name	Lunch	Coverage	PM Break	
(RSE2)	1:30 pm - 9:30 pm	Robert	4:30 - 5 p	RSA14	8:15 - 8:30 p	Floor 11
(RSE4)	2:30 pm - 9 pm	Toni	4 - 4:30 p	RSA14	8:30 - 8:45 p	

CIVIL COVER SHEET

The JS 44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. (SEE INSTRUCTIONS ON NEXT PAGE OF THIS FORM.)

I. (a) PLAINTIFFS

JOHN TAYLOR

(b) County of Residence of First Listed Plaintiff WASHTENAW
(EXCEPT IN U.S. PLAINTIFF CASES)

(c) Attorneys (Firm Name, Address, and Telephone Number)

NONE

DEFENDANTS

UNIVERSITY OF MI - MI MEDICINE - C.S. MOTT

County of Residence of First Listed Defendant WASHTENAW
(IN U.S. PLAINTIFF CASES ONLY)NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF
THE TRACT OF LAND INVOLVED.

Attorneys (If Known)

Tera Jastrzembski

II. BASIS OF JURISDICTION (Place an "X" in One Box Only)

- | | |
|---|--|
| <input checked="" type="checkbox"/> 1 U.S. Government Plaintiff | <input type="checkbox"/> 3 Federal Question (U.S. Government Not a Party) |
| <input type="checkbox"/> 2 U.S. Government Defendant | <input type="checkbox"/> 4 Diversity (Indicate Citizenship of Parties in Item III) |

III. CITIZENSHIP OF PRINCIPAL PARTIES (Place an "X" in One Box for Plaintiff and One Box for Defendant)
(For Diversity Cases Only)

	PTF	DEF	PTF	DEF
Citizen of This State	<input type="checkbox"/> 1	<input type="checkbox"/> 1	Incorporated or Principal Place of Business In This State	<input type="checkbox"/> 4 <input checked="" type="checkbox"/> 4
Citizen of Another State	<input type="checkbox"/> 2	<input type="checkbox"/> 2	Incorporated and Principal Place of Business In Another State	<input type="checkbox"/> 5 <input checked="" type="checkbox"/> 5
Citizen or Subject of a Foreign Country	<input type="checkbox"/> 3	<input type="checkbox"/> 3	Foreign Nation	<input type="checkbox"/> 6 <input checked="" type="checkbox"/> 6

IV. NATURE OF SUIT (Place an "X" in One Box Only)

CONTRACT	TORTS	FORFEITURE/PENALTY	BANKRUPTCY	OTHER STATUTES
<input type="checkbox"/> 110 Insurance <input type="checkbox"/> 120 Marine <input type="checkbox"/> 130 Miller Act <input type="checkbox"/> 140 Negotiable Instrument <input type="checkbox"/> 150 Recovery of Overpayment & Enforcement of Judgment <input type="checkbox"/> 151 Medicare Act <input type="checkbox"/> 152 Recovery of Defaulted Student Loans (Excludes Veterans) <input type="checkbox"/> 153 Recovery of Overpayment of Veteran's Benefits <input type="checkbox"/> 160 Stockholders' Suits <input type="checkbox"/> 190 Other Contract <input type="checkbox"/> 195 Contract Product Liability <input type="checkbox"/> 196 Franchise	PERSONAL INJURY <input type="checkbox"/> 310 Airplane <input type="checkbox"/> 315 Airplane Product Liability <input type="checkbox"/> 320 Assault, Libel & Slander <input type="checkbox"/> 330 Federal Employers' Liability <input type="checkbox"/> 340 Marine <input type="checkbox"/> 345 Marine Product Liability <input type="checkbox"/> 350 Motor Vehicle <input type="checkbox"/> 355 Motor Vehicle Product Liability <input type="checkbox"/> 360 Other Personal Injury <input type="checkbox"/> 362 Personal Injury - Medical Malpractice	PERSONAL INJURY <input type="checkbox"/> 365 Personal Injury - Product Liability <input type="checkbox"/> 367 Health Care/ Pharmaceutical Personal Injury Product Liability <input type="checkbox"/> 368 Asbestos Personal Injury Product Liability	<input type="checkbox"/> 625 Drug Related Seizure of Property 21 USC 881 <input type="checkbox"/> 690 Other	<input type="checkbox"/> 422 Appeal 28 USC 158 <input type="checkbox"/> 423 Withdrawal 28 USC 157 INTELLECTUAL PROPERTY RIGHTS <input type="checkbox"/> 820 Copyrights <input type="checkbox"/> 830 Patent <input type="checkbox"/> 835 Patent - Abbreviated New Drug Application <input type="checkbox"/> 840 Trademark <input type="checkbox"/> 880 Defend Trade Secrets Act of 2016
REAL PROPERTY	CIVIL RIGHTS	PRISONER PETITIONS	LAW	<input type="checkbox"/> 375 False Claims Act <input type="checkbox"/> 376 Qui Tam (31 USC 3729(a)) <input type="checkbox"/> 400 State Reapportionment <input type="checkbox"/> 410 Antitrust <input type="checkbox"/> 430 Banks and Banking <input type="checkbox"/> 450 Commerce <input type="checkbox"/> 460 Deportation <input type="checkbox"/> 470 Racketeer Influenced and Corrupt Organizations <input type="checkbox"/> 480 Consumer Credit (15 USC 1681 or 1692) <input type="checkbox"/> 485 Telephone Consumer Protection Act
<input type="checkbox"/> 210 Land Condemnation <input type="checkbox"/> 220 Foreclosure <input type="checkbox"/> 230 Rent Lease & Ejectment <input type="checkbox"/> 240 Torts to Land <input type="checkbox"/> 245 Tort Product Liability <input type="checkbox"/> 290 All Other Real Property	HABEAS CORPUS: <input type="checkbox"/> 440 Other Civil Rights <input type="checkbox"/> 441 Voting <input checked="" type="checkbox"/> 442 Employment <input type="checkbox"/> 443 Housing/ Accommodations <input type="checkbox"/> 445 Amer. w/Disabilities - Employment <input type="checkbox"/> 446 Amer. w/Disabilities - Other <input type="checkbox"/> 448 Education	<input type="checkbox"/> 510 Motions to Vacate Sentence <input type="checkbox"/> 530 General <input type="checkbox"/> 535 Death Penalty OTHER: <input type="checkbox"/> 540 Mandamus & Other <input type="checkbox"/> 550 Civil Rights <input type="checkbox"/> 555 Prison Condition <input type="checkbox"/> 560 Civil Detainee - Conditions of Confinement	<input type="checkbox"/> 710 Fair Labor Standards Act <input type="checkbox"/> 720 Labor/Management Relations <input type="checkbox"/> 740 Railway Labor Act <input type="checkbox"/> 751 Family and Medical Leave Act <input type="checkbox"/> 790 Other Labor Litigation <input type="checkbox"/> 791 Employee Retirement Income Security Act	<input type="checkbox"/> 861 HIA (1395ff) <input type="checkbox"/> 862 Black Lung (923) <input type="checkbox"/> 863 DIWC/DIWW (405(g)) <input type="checkbox"/> 864 SSID Title XVI <input type="checkbox"/> 865 RSI (405(g))
			IMMIGRATION	FEDERAL TAX SUITS <input type="checkbox"/> 870 Taxes (U.S. Plaintiff or Defendant) <input type="checkbox"/> 871 IRS—Third Party 26 USC 7609
			<input type="checkbox"/> 462 Naturalization Application <input type="checkbox"/> 465 Other Immigration Actions	<input type="checkbox"/> 490 Cable/Sat TV <input type="checkbox"/> 850 Securities/Commodities Exchange <input type="checkbox"/> 890 Other Statutory Actions <input type="checkbox"/> 891 Agricultural Acts <input type="checkbox"/> 893 Environmental Matters <input type="checkbox"/> 895 Freedom of Information Act <input type="checkbox"/> 896 Arbitration <input type="checkbox"/> 899 Administrative Procedure Act/Review or Appeal of Agency Decision <input type="checkbox"/> 950 Constitutionality of State Statutes

V. ORIGIN (Place an "X" in One Box Only)

- | | | | | | | |
|---|---|--|---|--|--|---|
| <input checked="" type="checkbox"/> 1 Original Proceeding | <input type="checkbox"/> 2 Removed from State Court | <input type="checkbox"/> 3 Remanded from Appellate Court | <input type="checkbox"/> 4 Reinstated or Reopened | <input type="checkbox"/> 5 Transferred from Another District | <input type="checkbox"/> 6 Multidistrict Litigation - Transfer | <input type="checkbox"/> 8 Multidistrict Litigation - Direct File |
|---|---|--|---|--|--|---|

Cite the U.S. Civil Statute under which you are filing (Do not cite jurisdictional statutes unless diversity):

Title 7, civil rights act of 1964, amended 1991

VI. CAUSE OF ACTION

Brief description of cause:

HARASSMENT, CONSTRUCTIVE DISCHARGE BASED ON RACE

VII. REQUESTED IN COMPLAINT: CHECK IF THIS IS A CLASS ACTION UNDER RULE 23, F.R.Cv.P.

DEMAND \$

CHECK YES only if demanded in complaint:
JURY DEMAND: Yes No**VIII. RELATED CASE(S) IF ANY**

(See instructions):

JUDGE

DOCKET NUMBER

DATE

SIGNATURE OF ATTORNEY OF RECORD

FOR OFFICE USE ONLY

RECEIPT # _____ AMOUNT _____ APPLYING IFP _____ JUDGE _____ MAG. JUDGE _____